

**PERMIT FORMS
PURSUANT TO
REGULATIONS FOR THE CONTROL AND ABATEMENT OF AIR POLLUTION**



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY**

**AIR PERMITS
FORM 7A APPLICATION**
for ASPHALT PLANTS Only

NEW SOURCE REVIEW PERMITS
and STATE OPERATING PERMITS



VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR PERMITS

LOCAL GOVERNING BODY CERTIFICATION FORM

Facility Name:	Registration Number:
Applicant's Name:	Name of Contact Person at the site:
Applicant's Mailing address:	Contact Person Telephone Number:
Facility location (also attach map):	
Facility type, and list of activities to be conducted:	
<p>The applicant is in the process of completing an application for an air pollution control permit from the Virginia Department of Environmental Quality. In accordance with § 10.1-1321.1, Title 10.1, Code of Virginia (1950), as amended, before such a permit application can be considered complete, the applicant must obtain a certification from the governing body of the county, city or town in which the facility is to be located that the location and operation of the facility are consistent with all applicable ordinances adopted pursuant to Chapter 22 (§§ 15.2-2200 <u>et seq.</u>) of Title 15.2. The undersigned requests that an authorized representative of the local governing body sign the certification below.</p>	
Applicant's signature:	Date:
<p>The undersigned local government representative certifies to the consistency of the proposed location and operation of the facility described above with all applicable local ordinances adopted pursuant to Chapter 22 (§§15.2-2200 <u>et seq.</u>) of Title 15.2. of the Code of Virginia (1950) as amended, as follows:</p> <p>(Check one block)</p> <p><input type="checkbox"/> The proposed facility is fully consistent with all applicable local ordinances.</p> <p><input type="checkbox"/> The proposed facility is inconsistent with applicable local ordinances; see attached information.</p>	
Signature of authorized local government representative:	Date:
Type or print name:	Title:
County, city or town:	

[THE LOCAL GOVERNMENT REPRESENTATIVE SHOULD FORWARD THE SIGNED CERTIFICATION TO THE APPROPRIATE DEQ REGIONAL OFFICE AND SEND A COPY TO THE APPLICANT.]

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY – 2014 AIR PERMIT APPLICATION FEE

As of July 1, 2012, air permit applications are subject to a fee. The fee does not apply to administrative amendments or true minor sources. Applications will be considered incomplete if the proper fee is not paid and will not be processed until full payment is received. Air permit application fees are not refundable.

Fees are adjusted every January 1st for CPI. THIS FORM IS VALID JANUARY 1, 2014 TO DECEMBER 31, 2014.

Send this form and a check (or money order) payable to "Treasurer of Virginia" to:

Department of Environmental Quality

Receipts Control

P.O. Box 1104

Richmond, VA 23218

Send a copy of this form with the permit application to:

The DEQ Regional Office

Please retain a copy for your records. Any questions should be directed to the DEQ regional office to which the application will be submitted. **Unsure of your fee? Contact the Regional Air Permit Manager.**

COMPANY NAME:		FIN:	
COMPANY REPRESENTATIVE:		REG. NO.	
MAILING ADDRESS:			
BUSINESS PHONE:		FAX:	
FACILITY NAME:			
PHYSICAL LOCATION:			

PERMIT ACTIVITY	APPLICATION FEE AMOUNT	CHECK ONE
Sources subject to Title V permitting requirements:		
• Major NSR permit (Articles 7, 8, 9)	\$30,970	
• Major NSR permit amendment (Articles 7, 8, 9)*	\$7,226	
• State major permit (Article 6)	\$15,485	
• Title V permit (Articles 1, 3)	\$20,647	
• Title V permit renewal (Articles 1, 3)	\$10,323	
• Title V permit modification (Articles 1, 3)	\$3,613	
• Minor NSR permit (Article 6)	\$1,548	
• Minor NSR amendment (Article 6)*	\$774	
• State operating permit (Article 5)	\$7,226	
• State operating permit amendment (Article 5)*	\$3,613	
Sources subject to Synthetic Minor permitting requirements:		
• Minor NSR permit (Article 6)	\$516	
• Minor NSR amendment (Article 6)*	\$258	
• State operating permit (Article 5)	\$1,548	
• State operating permit amendment (Article 5)*	\$825	
*FEES DO NOT APPLY TO ADMINISTRATIVE AMENDMENTS		

DEQ OFFICE TO WHICH PERMIT APPLICATION WILL BE SUBMITTED (check one)

<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> SWRO/Abingdon</div> <div style="width: 33%;"><input type="checkbox"/> NRO/Woodbridge</div> <div style="width: 33%;"><input type="checkbox"/> PRO/Richmond</div> <div style="width: 33%;"><input type="checkbox"/> YRO/Harrisonburg</div> <div style="width: 33%;"><input type="checkbox"/> BRRO/Lynchburg or Roanoke</div> <div style="width: 33%;"><input type="checkbox"/> TRO/Virginia Beach</div> </div>	FOR DEQ USE ONLY Date: _____ DC #: _____ Reg. No.: _____
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Commonwealth of Virginia
Department of Environmental Quality



AIR PERMIT APPLICATION
CHECK ALL PAGES ATTACHED AND LIST ALL ATTACHED DOCUMENTS

- ___ Local Government Certification Form, Page 2
- ___ Application Fee Form, Page 3
- ___ Document Certification Form, Page 4
- ___ General Information, Pages 5-6
- ___ Asphalt Plant, Pages 7-9

ATTACHED DOCUMENTS:

- ___ Map of Site Location
- ___ Facility Site Plan
- ___ Process Flow Diagram/Schematic
- ___ MSDS or CPDS Sheets
- ___ Estimated Emission Calculations
- ___ Stack Tests
- ___ Air Modeling Data
- ___ Confidential Information (see Instructions)
- ___ BACT Analysis

Check added form sheets above; also indicate the number of copies of each form in blank provided.

DOCUMENT CERTIFICATION FORM

I certify under penalty of law that this document and all attachments [as noted above] were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I certify that I understand that the existence of a permit under [Article 6 of the Regulations] does not shield the source from potential enforcement of any regulation of the board governing the major NSR program and does not relieve the source of the responsibility to comply with any applicable provision of the major NSR regulations.

SIGNATURE: _____	DATE: _____
NAME: _____	REGISTRATION NO: _____
TITLE: _____	COMPANY: _____
PHONE: _____	ADDRESS: _____
EMAIL: _____	_____

References: Virginia Regulations for the Control and Abatement of Air Pollution (Regulations), 9 VAC 5-20-230B and 9 VAC 5-80-1140E.

GENERAL INFORMATION

Person Completing Form:		Date:	Registration Number:
Company and Division Name:			FIN:
Mailing Address:			
Exact Source Location – Include Name of City (County) and Full Street Address or Directions:			
Telephone Number:	No. of Employees:	Property Area at Site:	
Person to Contact on Air Pollution Matters – Name and Title:		Phone Number:	
		Fax:	
		Email:	
Latitude and Longitude Coordinates OR UTM Coordinates of Facility:			

Reason(s) for Submission (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> State Operating Permit | This permit is applied for pursuant to provisions of the Virginia Administrative Code, 9 VAC 5 Chapter 80, Article 5 (SOP) |
| <input type="checkbox"/> New Source | This permit is applied for pursuant to the following provisions of the Virginia Administrative Code:
<input type="checkbox"/> 9 VAC 5 Chapter 80, Article 6 (Minor Sources)
<input type="checkbox"/> 9 VAC 5 Chapter 80, Article 8 (PSD Major Sources)
<input type="checkbox"/> 9 VAC 5 Chapter 80, Article 9 (Non-Attainment Major Sources) |
| <input type="checkbox"/> Modification of a Source | |
| <input type="checkbox"/> Relocation of a Source | |
| <input type="checkbox"/> Amendment to a Permit Dated: _____ Permit Type: <input type="checkbox"/> SOP (Art. 5) <input type="checkbox"/> NSR (Art. 6, 8, 9) | |

Amendment Type:

- ☐ Administrative Amendment
☐ Minor Amendment
☐ Significant Amendment

This amendment is requested pursuant to the provisions of:

- | | |
|---|---|
| <input type="checkbox"/> 9 VAC 5-80-970 (Art. 5 Adm.) | <input type="checkbox"/> 9 VAC 5-80-1935 (Art. 8 Adm.) |
| <input type="checkbox"/> 9 VAC 5-80-980 (Art. 5 Minor) | <input type="checkbox"/> 9 VAC 5-80-1945 (Art. 8 Minor) |
| <input type="checkbox"/> 9 VAC 5-80-990 (Art. 5 Sig.) | <input type="checkbox"/> 9 VAC 5-80-1955 (Art. 8 Sig.) |
| <input type="checkbox"/> 9 VAC 5-80-1270 (Art. 6 Adm.) | <input type="checkbox"/> 9 VAC 5-80-2210 (Art. 9 Adm.) |
| <input type="checkbox"/> 9 VAC 5-80-1280 (Art. 6 Minor) | <input type="checkbox"/> 9 VAC 5-80-2220 (Art. 9 Minor) |
| <input type="checkbox"/> 9 VAC 5-80-1290 (Art. 6 Sig.) | <input type="checkbox"/> 9 VAC 5-80-2230 (Art. 9 Sig.) |

☐ Other (specify): _____

Explanation of Permit Request (attach documents if needed):

GENERAL INFORMATION (CONTINUED)

For Portable Plants:

Is this facility designed to be portable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• If yes, is this facility already permitted as a portable plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permit Date: _____
If not permitted, is this an application to be permitted as a portable plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If permitted as a portable facility, is this a notification of relocation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Describe the new location or address (include a site map): _____			
• Will the portable facility be co-located with another source? <input type="checkbox"/> Yes <input type="checkbox"/> No Reg. No. _____			
• Will the portable facility be modified or reconstructed as a result of the relocation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Will there be any new emissions other than those associated with the relocation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Is the facility suitable for the area to which it will be located? (attach documentation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Describe the products manufactured and/or services performed at this facility:

List the Standard Industrial Classification (SIC) Code(s) for the facility:

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List the North American Industry Classification System (NAICS) Code(s) for the facility:

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List all the facilities in Virginia under common ownership or control by the owner of this facility:

Milestones: This section is to be completed if the permit application includes a new emissions unit or modification to existing operations.

Milestones*:	Starting Date:	Estimated Completion Date:
New Equipment Installation		
Modification of Existing Process or Equipment		
Start-up Dates		

*For new or modified installations to be constructed in phased schedule, give construction/installation starting and completion date for each phase.

ASPHALT PLANT

Note: If your plant consists of more than a hot mix asphalt plant, you should use the DEQ - Air Division general Form 7 rather than this application form.

1. Company Name: _____ 2. Registration No.: _____

3. Aggregate Dryer/Mixer Manufacturer: _____

4. Model number: _____ 5. Date of Manufacture: _____ 6. Date of Construction: _____

7. Maximum Rated Capacity of Plant: _____ tons per hour of hot mix asphalt produced

8. Type of Plant: ☐ Batch Mix ☐ Parallel Flow Drum Mix ☐ Counterflow Drum Mix
☐ Double Barrel Drum Mix ☐ Triple Drum Mix

9. *Requested Maximum Annual Production Rate: (*Note: This value will be used to establish permit limits.)
_____ tons of hot mix asphalt per year

10. Control Equipment: (use additional pages if necessary.)

☐ Add-on Control Equipment:
Stack No. : _____ Control Type: ☐ Baghouse ☐ Scrubber Control Efficiency: _____ %
Emission Points Controlled: _____

Stack No. : _____ Control Type: ☐ Baghouse ☐ Scrubber Control Efficiency: _____ %
Emission Points Controlled: _____

Stack No. : _____ Control Type: ☐ Baghouse ☐ Scrubber Control Efficiency: _____ %
Emission Points Controlled: _____

☐ Other Controls (Stack No., Type and Control Efficiency): _____
Emission Points Controlled: _____

11. Is there an Aggregate Dryer on site? ☐ Yes ☐ No _____ (MMBtu/hr max heat input capacity)

Fuels: (Check and fill in the fuel type, throughput, and content information, as applicable) Stack No. : _____

☐ Natural Gas *Requested Annual Throughput: _____ million cubic feet per year

☐ No. 1 or No.2 Distillate Fuel Oil *Requested Annual Throughput: _____ thousand gallons per year

☐ Other: _____ Heat Content: _____ MMBtu per _____ (units)

*Requested Annual Amount of Fuel Used: _____ (units): _____ @ _____ % *Sulfur
(*Note: This value will be used to establish permit limits.)

12. Liquid Asphalt Storage Tank Heater on site? ☐ Yes ☐ No _____ (MMBtu/hr max heat input capacity)

Fuels: (Check and fill in the fuel type, throughput, and content information, as applicable) Stack No. : _____

☐ Natural Gas *Requested Annual Throughput: _____ million cubic feet per year

☐ No. 1 or No.2 Distillate Fuel Oil *Requested Annual Throughput: _____ thousand gallons per year

☐ Other: _____ Heat Content: _____ MMBtu per _____ (units)

*Requested Annual Amount of Fuel Used: _____ (units): _____ @ _____ % *Sulfur
(*Note: This value will be used to establish permit limits.)

ASPHALT PLANT (Continued)

13. Will a generator be used to provide power for plant operations? ☐ Yes ☐ No

If yes, the rated capacity is: _____ BHP _____ KW _____ (MMBtu/hr max heat input capacity)

If yes, how is it used: ☐ Regularly ☐ Peak Shaving ☐ Emergency use only (loss of utility power)

Fuels: (Check and fill in the fuel type, throughput, and content information, as applicable) Stack No. : _____

☐ Natural Gas *Requested Annual Throughput: _____ million cubic feet per year

☐ No. 1 or No.2 Distillate Fuel Oil *Requested Annual Throughput: _____ thousand gallons per year

☐ Other: _____ Heat Content: _____ MMBtu per _____ (units)

*Requested Annual Amount of Fuel Used: _____ (units): _____ @ _____ % Sulfur

(*Note: These values will be used to establish permit limits.)

14. Will the plant have hot mix asphalt storage silos on site? ☐ Yes ☐ No If yes, fill out table below:

Silo No.	Stack No.	Volume capacity of hot mix silo	Requested annual throughput of hot mix silo
_____	_____	_____ tons	_____ *tons per year
_____	_____	_____ tons	_____ *tons per year
_____	_____	_____ tons	_____ *tons per year

(*Note: These values will be used to establish permit limits.)

15. Are there heaters in the hot mix storage silos? ☐ Yes ☐ No _____ (MMBtu/hr Total heat input capacity)

Fuels: (If yes, list fuel types, total fuel throughput, and fuel heat content.) List Stack Nos. _____

☐ Natural Gas Heat Content: _____ MMBtu per million cubic feet

*Total Requested Annual Throughput of Natural Gas: _____ million cubic feet per year

☐ No. 1 or No. 2 Fuel Oil Heat Content: _____ MMBtu per thousand gallons

*Total Requested Annual Throughput of Fuel Oil: _____ thousand gallons per year

☐ Other: _____ Heat Content: _____ MMBtu per _____ (units i.e. gal, cuft)

*Total Requested Annual Amount of Fuel Used: _____ (units) per year @ _____ % S

(*Note: These values will be used to establish permit limits.)

16. Will the plant have a lime silo on site? ☐ Yes ☐ No Stack No : _____

If yes, what is the volume capacity of the silo? _____ tons of lime

If yes, what is the requested annual throughput of lime?* _____ tons of lime per year

(*Note: This value will be used to establish permit limits.)

17. Any other material storage silos on site other than those listed above? ☐ Yes ☐ No Stack No : _____

If yes, specify material: _____ (Attach MSDS)

If yes, what is the requested annual throughput?* _____ tons per year

If yes, what is the volume capacity of the silo? _____ tons

(*Note: This value will be used to establish permit limits.)

18. Will the plant have a recycled asphalt pavement (RAP) crusher on site? ☐ Yes ☐ No Stack No : _____

If yes, what is the capacity of the crusher? _____ tons of RAP per hour

If yes, what is the requested annual throughput of RAP?* _____ tons of RAP per year

If yes, please attach crusher information, including the date(s) of manufacture and construction.

ASPHALT PLANT (Continued)

(*Note: This value will be used to establish permit limits.)

19. Are there fuel or volatile organic liquid storage tanks over 10,000 gallons capacity on site? ☐ Yes ☐ No

Tank No. _____ ☐ Above ground ☐ Below ground Contents: _____ (attach MSDS)

Tank Capacity (volume): _____ thousand gallons *Annual Throughput: _____ thousand gallons per year

Tank No. _____ ☐ Above ground ☐ Below ground Contents: _____ (attach MSDS)

Tank Capacity (volume): _____ thousand gallons *Annual Throughput: _____ thousand gallons per year

Tank No. _____ ☐ Above ground ☐ Below ground Contents: _____ (attach MSDS)

Tank Capacity (volume): _____ thousand gallons *Annual Throughput: _____ thousand gallons per year

(*Note: These values will be used to establish permit limits.)

20. Normal Equipment Operating Schedule:

_____ Hours per Day

_____ Hours per week

_____ Hours per Year

21. Percent Annual Production Rate by Season:

December through February _____ %

March through May _____ %

June through August _____ %

September through November _____ %

Total 100 %

22. Stack/Exhaust Data:

Stack No.	Process	Stack Height (ft)	Exhaust Stack Diameter (ft)	Exit Gas Velocity (ft/sec)	Exit Gas Flow Rate (acfm)	Exit Gas Temp. (°F)